|  | FORM 3  AMENDED REPORT |  |         |  |   |                |          |  |
|--|------------------------|--|---------|--|---|----------------|----------|--|
| APPLICATION FOR PERMIT TO DRILL  |                        |  |         |  | 1. WELL NAME and NUMBER<br>CWU 1423-29                  |                |          |  |
| 2. TYPE OF WORK  DRILL NEW WELL REENTER P&A WELL DEEPEN WELL   |                        |  |         |  | 3. FIELD OR WILDCAT  NATURAL BUTTES                     |                |          |  |
| 4. TYPE OF WELL  Gas Well Coalbed Methane Well: NO   |                        |  |         |  | 5. UNIT or COMMUNITIZATION AGREEMENT NAME CHAPITA WELLS |                |          |  |
| 6. NAME OF OPERATOR  EOG Resources, Inc.   |                        |  |         |  | 7. OPERATOR PHONE<br>435 781-9111                       |                |          |  |
| 8. ADDRESS OF OPERATOR  1060 East Highway 40, Vernal, UT, 84078                                      |                        |  |         |  | 9. OPERATOR E-MAIL kaylene_gardner@eogresources.com     |                |          |  |
| 10. MINERAL LEASE NUMBER 11. MINERAL OWNERSHIP   |                        |  |         |  | 12. SURFACE OWNERSHIP                                   |                |          |  |
| (FEDERAL, INDIAN, OR STATE) UTU0337  | FEDERAL ( INDIA        | AN ( STATE (                               | ) FEE   | FEDERAL INDIAN STATE FEE   |   |                |          |  |
| 13. NAME OF SURFACE OWNER (if box 12 = 'fee')  |                        |  |         |  | 14. SURFACE OWNER PHONE (if box 12 = 'fee')             |                |          |  |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')   |                        |  |         |  | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee')            |                |          |  |
| 17. INDIAN ALLOTTEE OR TRIBE NAME  | 18. INTEND TO COMM     | END TO COMMINGLE PRODUCTION FROM 19. SLANT |         |  |   |                |          |  |
| (if box 12 = 'INDIAN')  YES (Submit Commingling Application) NO                                      |                        |  |         |  | VERTICAL DIRECTIONAL HORIZONTAL                         |                |          |  |
| 20. LOCATION OF WELL   | FO                     | OTAGES                                     | QTR-QTR | SECTION  | TOWNSHIP  | RANGE          | MERIDIAN |  |
| LOCATION AT SURFACE 1612 FS  |                        | SL 2548 FEL                                | NWSE    | 29   | 9.0 S   | 23.0 E         | S        |  |
| Top of Uppermost Producing Zone 1612 F   |                        | SL 2548 FEL                                | NWSE    | 29   | 9.0 S   | 23.0 E         | S        |  |
| At Total Depth 1612 FS   |                        | SL 2548 FEL                                | NWSE    | 29   | 9.0 S   | 23.0 E         | S        |  |
| 21. COUNTY UINTAH  22. DISTANCE TO NEAREST LEASE LINE (Feet) 1412                                    |                        |  |         | E (Feet)   | 23. NUMBER OF ACRES IN DRILLING UNIT 2344               |                |          |  |
| 25. DISTANCE TO NE<br>(Applied For Drilling  |                        |  |         |  |   |                |          |  |
| <b>27. ELEVATION - GROUND LEVEL</b> 5204   | 28. BOND NUMBER NM2308 |  |         | 29. SOURCE OF DRILLING WATER /<br>WATER RIGHTS APPROVAL NUMBER IF APPLICABLE<br>49-225 |   |                |          |  |
| ATTACHMENTS  |                        |  |         |  |   |                |          |  |
| VERIFY THE FOLLOWING ARE ATTACHED IN ACCORCANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES |                        |  |         |  |   |                |          |  |
| <b>✓</b> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER                                  |                        |  |         | COMPLETE DRILLING PLAN   |   |                |          |  |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE) FORM 5. IF OPERATOR                  |                        |  |         |  | OR IS OTHER THAN T                                      | HE LEASE OWNER |          |  |
| ☐ DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY TOPOGRAPHICAL MAP DRILLED)               |                        |  |         |  |   |                |          |  |
| NAME Kaylene Gardner TITLE Regulatory Administrator  |                        |  |         | PHONE 435  | <b>PHONE</b> 435 781-9111                               |                |          |  |
| <b>DATE</b> 02/02/2009   |                        |  |         | EMAIL kaylene_gardner@eogresources.com   |   |                |          |  |
| API NUMBER ASSIGNED APPROVAL 43047502650000  |                        |  |         | Bacqill  |   |                |          |  |
|  |                        |  |         | Permit Manager   |   |                |          |  |

